

10/526753

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
with Initial  
Filing

OR

☒ Declaration  
Submitted after  
Initial  
Filing (surcharge  
(37 CFR 1.16(e)))

Attorney Docket Number 87792.032805

First Named Inventor Smith

**COMPLETE IF KNOWN**

Application Number 10/526,753

Filing Date March 7, 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Pharmaceutical Kits Comprising Mesenchymal Stem Cells**

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

03/07/2005

as United States Application Number or PCT International

Application Number 10/526,753 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0220841.1	GB	09/07/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0226275.6	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/526753

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer	23469	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City			State	ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
1-00 * <u>Roger Kenneth Whealands</u>			<u>Smith</u>		
Inventor's Signature <u>RKW Smith</u>			Date		<u>6/6/05</u>
Residence: City		State	Country	Citizenship	
<u>Hatfield</u> <u>GBX</u>			<u>GB</u>	<u>GB</u> ✓	
Mailing Address					
<u>Department of Veterinary Clinical Sciences, Royal Veterinary College, Hawkshead Lane, North Mymms</u>					
City		State	ZIP	Country	
<u>Hatfield</u>			<u>AL9 7TA</u>	<u>GB</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
2-00 <u>Kenneth Gregory</u>			<u>McGarrell</u>		
Inventor's Signature <u>cel' hll</u>			Date		<u>24th Mar 2005</u>
Residence: City		State	Country	Citizenship	
<u>Hatfield</u> <u>GBX</u>			<u>GB</u>	<u>GB</u> ✓	
Mailing Address					
<u>VetCell Ltd, London BioScience Innovation Centre, Royal College Street</u>					
City		State	ZIP	Country	
<u>London</u>			<u>NW1 0TU</u>	<u>GB</u>	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR are attached					

Doc Code:

PTO/SB/02A (09-04)  
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10/526733

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# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Allen Edward		Goodship	
Inventor's Signature			Date 31/05/05
Residence: City	Harfield GBX	State	Country GB Citizenship GB
Mailing Address Department of Veterinary Basic Sciences, Royal Veterinary College, Hawkshead Lane, North Mymms			
City	Harfield	State	ZIP AL9 7TA Country GB
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gordon William		Blunn	
Inventor's Signature			Date 2/6/05
Residence: City	Middlesex GBX	State	Country GB Citizenship GB
Mailing Address Centre for Biomedical Engineering, Inst. of Orthopaedics & Musculo-Skeletal Science, University College London, Royal National Orthopaedic Hospital, Brockley Hill			
City	Stanmore	State	ZIP HA7 4LP Country GB
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country Citizenship
Mailing Address			
City		State	ZIP Country

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10/526753

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/526,753
	Filing Date	March 7, 2005
	First Named Inventor	Smith
	Title	Pharmaceutical Kits Comprising Mesen...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	87792.032805

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23469

☐ OR  
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country

Telephone Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2/6/05
Name	Gordon William Blunn	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/526,753
Filing Date	March 7, 2005
First Named Inventor	Smith
Title	Pharmaceutical Kits Comprising Mesen...
Art Unit	
Examiner Name	
Attorney Docket Number	87792.032805

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23469

☐ OR  
Practitioner(s) named below:

Name	Registration Number

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Zip

Country

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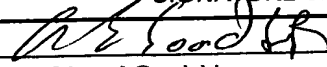
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	3/10/05
Name	Allen Edward Goodship	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 4 forms are submitted.

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